PLACE OF PEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME innumber.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from that I last saw h alive on 192...., IfLESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death _____yrs.____mos.____ds. Where was disease contracted, if not at place of death?..... BURIAL OR REMOVAL DATE OF BURIAL

PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(Month) (Day) (Year)

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in

which employed or (employer) 9 BIRTHPLACE

> (State or country) 10 NAME OF

OF FATHER Z (State or country) H

13 BIRTHPLACE OF MOTHER (State or Country)

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Every item of CIANS should statement of C

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupationwhatever, write None.

Statement of Cause of Death—Name, first, the DIS— EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping eough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia, ""Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," clc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaecident; Revolver wound of head-homicide; Poisoned by earbolic acid-probably suicide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, "danys) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

29

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

V. S. No. 1 ġ

STATE OF MARYLAND	-CERTIFICATE OF DEATH 07691
1. PLACE OF DEATH	
County Charles	Registration Dist. No. 101
Village or City Macheerey	Np. St Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Mary Celia 5	Poerre
(a) Residence: Np.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1932 to account 19
6. DATE OF BIRTH (month, day, and year) May 24, 1932	
7. AGE Years Months Days If LESS than	
1 3 3 3 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	delicities
9. Industry or business in which	- Curacing
work was done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
200. 1. 0	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homlcide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1 - W Jawe	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Markey, Jud,	
1 1 1 2 2 1 4	Manner of Injury
Place Das gale- Mod., Date 1	Natura of Injury
19. UNDERTAKER Junt & Ryon	24. Was disease or injury in any way related to occupation of deceased?

- Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
0.65	7.3.11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V.S. No. 1

W. R. No. 1

N. B.—WRITE (PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

County Off	ules		Registration	Dist. No. 101
Village or City	morle	ref	ND	St., W
Length of residence in city	or town where dead			
2. FULL NAME	Sellea	u Sound.	Bown	
(a) Residence: No			St., Ward.	
PERSONAL AND	STATISTIC	(Usual place of abode) AL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3. SEX 4. COLOR	OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7 9 193 2 (Yaar)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of	ed		22. I HEREBY CERTLE	
6. DATE OF BIRTH (month, day,	and year) ma	25-1082	l last saw h Auga alive on 7/18	103 Ztrath le
7. AGE Years	Months	Days 7 4 If LESS than 1 day,hrs	to have occurred on the date stated above, at 235 m.	
8 Trade, profession, or part kind of work done, as SAWYER, BDDKKEEPE	SPINNER		long enter de	bility Date of or
kind of work done, as SAWYER, BDDKKEEPE SAWYER, BDDKKEEPE Work was done, as SIL SAW MILL, BANK, etc.	K MILL,			
10. Date deceased last worked this occupation (month year)	d at and	11. Total time (years) spent in this occupation		5
12. BIRTHPLACE (city or town) (State or country)	Work	ug low il le	Other Contributory Causes of Importance:	ξ
	N-20.	Bowne		
13. NAME 14. BIRTHPLACE (city or town (State or country)) m	ory land	Name of operation.	Date of
	Pun 9	2. Good	What test confirmed diagnosis? 23. If death was dua to external causes (VIOL ENCE) I	
15. MAIDEN NAME 8	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	
17. INFORMANT Q-W. Bawee		Whera did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL		
(Address) Ma	elevy	. my		energy of mirodulo function
18. BURIAL, CREMATION, OR REMOVAL Place Disgral Pud Date 7 - 2 / 19 37			Manner of injury	
1,1	4 4	70	Nature of injury	
19. UNDERTAKER for (Address)	aldo	The med	24. Was disease or Injury In any way related to occur If so, specify	pation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE TOTAL CONTRACT OF THE SECOND			

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B.		

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 07693
County Clearles	Beginharting Diet, No. 100
	Registration Dist. No. 10.8
Village Dr City Clean Microsoft (If	ND. St., Ward death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Infant-Chief of adr	eau nay Clara E. Bridgete
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Imule while lings	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
· (or) WIFE of Langton	Still 19 Bon 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1932 July 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked at this occupation (month and the company of the	Jandy Labor
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this occupation	
.W. 4	Other Contributary Causes of importance;
12. BIRTHPLACE (city or town) When the control (State or country) Sheet (So Zund)	Obstructed Circulation
13, NAME adjusting H. Bridgett	Coeming - Security
13. NAME (I duan N. Bridgett. 14. BIRTHPLACE (city or town) Newport	Name of operation
(State or country) Chas, Cos 21.5 4	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Colora E. China	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME ROLCIA E. Ching 16. BIRTHPLACE (city or town) Micronia	Accident, suicide, or homicide? 20 Date of Injury 19
E (State or country) lokes las wind	Where did injury occur?
17. INFORMANT Clothin n. Briefelle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Horas kivele Lind	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place I keep herelen my Date July 11932	Nature of Injury
19. UNDERTAKER adrian n. Bridger	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Hugher och me	If so, specify
20. FILED 7 14 34, 19 Com Chappello Registrar.	(Signed) Harry Chaffelean M. D. (Address) Mugheulle M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE FO	REHERTHER	STATEMENTS	RY	PHYSICIA	N
TENTOTAL TOTAL TENTA	DI ALUE I'U	IL T. O. IL T. I. I. I. I.	DIATEDIATE	17.4		7 7 4

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	A PERMANENT RECORD	DE should be stated EXACTLY, PHYSI.
SNIC	14.	id be
R BINDING	PERM	shou It ma
n	A	E

/	PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 108
ricate.	Village or City Malcolm (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of atrect and number.)
Dack	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 4
IOUS COL	(Monty) (Day) (Year)	that Hast own him the dead July 4, 1932,
ee instruct	7 AGE If LESS than day hrs. ds. or min.? (a) Trade, profession or	and that death occurred on the data stated above, at 12 m. The CAUSE OF DEATH * was as follows:
ortant.	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) ORIGINAL ACE	(Durstion) yts. mos. ds.
ery Imp	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	(Signal June of Steffens Jel author M. D.
8 20	of FATHER (State or country) 12 MAIDEN NAME STATES 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
	(Informant) Norman A Minus	Where was disease contracted, if not at place of death? Former or usual residence.
10101	(Address) Maleolyn, Gud	Olinton MN 7/6, 1932
)	Filed 7/5/32 192 Era Chappelean Registrar	a Grines Tquises
1	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: cough; Chronic valvular heart disease; Whooping Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATH 07695
County Charles	Registration Dist. No. 108
Village or City Bundlet	No. St Word
	death occurred in a hospital or institution, give its NAME instead of street and number)
4 - 1 5.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Virlrude Gde	len
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH (
France love OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) ⁴ (Day) (Year)
(or) WIFE of Elmer Edelen	22. HEREBY CERTIFY, That I ettended deceased from
Du a como de c	I lest sew have elive on 1932, to 1932 death is said
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days tf LESS then	to heve occurred on the date stated above, at
\$ c/ a 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, Vocase Coup.	malegnant February Lumer, Jum 1931
9. Industry or business in which work wes done, es SILK MILL, Form . Starry wash	of the uterns, constR
kind of work done, as SPINNER, location of work done, as SPINNER, location of work done, as SPINNER, location of saw work west done, es SILK MILL, SAW MILL, BANK, etc	9
this occupation (month and) many spent in this year)	
Bendi i	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Constant (State or country) Cohes (co) Test	(1)
E 13. NAME m & Jones	
13. NAME my & Jones 14. BIRTHPLACE (city or town)	Neme of operation Landau Dete of May 193
(State of country) Notes Con Track	What test confirmed diegnosis? 'Jack' Was there en autopsy?
15. MAIDEN NAME Quie & Locale. 16. BIRTHPLACE (city or town)	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) lehan las must	Where did injury occur?
17. INFORMANT Henry Jones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Plece By and but Dete line 16 1932	Manner of injury
G. 4	Neture of injury.
19. UNDERTAKER (Address) (Address)	24. Was disease or injury in any wey related to occupation of deceased?
71.1 7.5 01.110	If so, specify (Signed) Itom G. Chapheles M. D.
20. FILED 11. 19.3 V Che faller. Registrar.	(Address) They have all med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

ample II	
ath and related causes lows:	Date of onset 1 week ago
VII Strugg	1 week ago
WAG D THE	3 days ago
of importance:	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

11.	othy.	113	43	10
5.8	/	ill s	5.0	81
U	6	U	0	6

1. PL	ACE OF DEATH				119	~
Co	ounty Olice	las			Régistration Dist. No. / O	7
	llage or City 22 C	own where d	eath occurred	(li yrs,mos	No. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2. FU	LL NAME Pa	drice	ea ?	naire	Farme	
(a)) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town ar	nd State
PI	ERSONAL AND S	TATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR	RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193(Yaar)
HUSE	ried, widowed, or divorced BAND of WIFE of				22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE C	OF BIRTH (month, day, and)	vear) m	6-31-1	1932		death is said
7. AGE	Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the data statad abova, at Im. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	rada, profession, or particul: kind of work done, as SP SAWYER, BOOKKEEPER, e idustry or business in which work was done, as SILK M	h			Deemmes Complaint	3-7.1-2
D 10. D	work was done, as SILK N SAW MILL, BANK, etcate deceased last worked a this occupation (month any yaar)		11. Total ti	me (years) nt in this upation		
	IPLACE (city or town) tata or country)	Lacs	the 2	and .	Other Contributory Causes of importance:	h. 1-
13. N/	AME Lam	Fa				
13. N/	IRTHPLACE (city or town) (State or country)	Bry	Culo	<u></u>	Name of oparation	
15. M	AIDEN NAME 5	-	3 ded	2000	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. M	RTHPLACE (city or town) (Stata or country)	ma	hor L	- my	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St	, 19
17. INFOR	MANT farm ddress) Ho	- 7	of re	-	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
	L, CREMATION, OR REMOV	AL	Date Juny	28,1937	Manner of Injury	
19. UNDER (A (20. FILED.	(deress) mai	no o	allet	Borlin	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed)	
/			/	Registrar.	(Address) Ling Line 22	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerasis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run aver by street car 1 week aga Cerebral hemarrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	County Musiks	0	Registration (Dist. No. 108
	Village or City		ND	
	Length of rasidanca in city or town where death oc	curredyrsmos.	ds. How long in U.S. if of foreign birth?	yrsmos
2	(a) Residence; No.	va nor	St. Ward.	
and the last		Jsual place of abode)	ff nonresident	give city or town and State
_	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE	OF DEATH
3.		GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	(Day) 193 (Year)
5a.	If marriad, widowad, or divorcad HUSBAND of	1	22. I HENEBY CERTIF	Y, That I attended deceased f
-	- amona j.	wown		, 19
-	DATE OF BIRTH (month, day, and year)			; death is
7	AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related cause	
_	fra morphic	ormin.	ware as follows:	Date of or
NO.	8. Trade, profession, or particular kind of work dona, as SPINNER,	mariles.	Michaelet	
OCCUPATION	SAWYER, BODKKEEPER, atc	evan e	- Kranguani	
UPAT	work was done, as SILK MILL, SAW MILL, BANK, etc.		0	
Ö	10. Date deceased last worked at this occupation (month and	f1. Total time (years) spent in this		
-	year) full - JA	occupation	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town)	W Treun		
-	(State or country)	9		~~~~~
FATHER	13. NAME Jure Korci			
FAT	14. BIRTHPLACE (city or town)	al rerure	Name of operation	Date of
-	(Stata or country)	0 - 00	What tast confirmad diagnosis?	Was there an autopsy?
MOTHER	15. MAIDEN NAME Many	writer	23. If death was due to external causes (VIOLENCE) fil	i in also the following:
0	16. BIRTHPLACE (city or town)	autyre	Assident, suicide, en-hamiside? NewCool	Date of injury 19.
-	(State or country)	ma.	Where did injury occur?(Specify city or	town, county and State)
17.	(Address) Malak	a rud	Specify whether injury occurred in INDUSTRY, in HO	ME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	10 11 4	Mannar of injury	
11	Place Maldurf Date	Jolly 4 1922	Natura of injury	
19.	UNDERTAKER A 1 Roll	when	24. Was disease or injury in any way related to occupa	
	FILED 4/4/22 19 600 81	A Lack	(Signed)	wn 1

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Example LEIVE		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-0.	3.0		

BINDIN

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S Date of onset
1 week ago
1 week ago
3 days ago
1 year

ż

1. PLACE OF DEATH	CERTIFICATE OF BEATH 0769
County Charles	Registration Dist. No. / 15
Village or City oldy	No. St., W
Length of residence In city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mos
2. FULL NAME Con Jan Ha	lygunth
(a) Residence: No. Man Tradds	St. / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEXT 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
SEXT 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
n. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad f
DATE OF BIRTH (month, day, and year) June 28 1932	I last saw have alive on first 1931; death is
AGE Yaars Months Days If LESS that	1 + 00
29 Aday,	ware as follows: G DEATH and related causes of importance
8 Trade profession or particular	Date of on
SAWYER, BOOKKEEPER, etc.	Controlled from
9 Industry or business in which work was done, as SILK MILL,	nother John Berth
SAW MILL, BANK, etc	Auto frighter
this occupation (month and spant in this occupation	
2. BIRTHPLACE (city or town) Gusilvana	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME Ray Hollingentell	
14. BIRTHPLACE (city or town) Junification (State or assertion)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME May Achi	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - A A A T C C C C C C C C C C C C C C C C	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT X ay Halling M. (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clarceaux Care Date July 19	Nature of Injury
9. UNDERTAKER DE ANT TRYPA Per CHoclingo	24. Was disease or injury in any way related to occupation of deceased?
FILED Selly Y 1937 an & monro 2	(Signad) This April N

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Example 1		Example 1	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy S'A AT	TABLE 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Cost S	3 days ago
		CIARD	DEC
Other contributory causes of importance:		Other contributory causes of impo	ortance:
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR FURTHER	STATEMENTS	BI PHISICIAN	

STATE OF M	IARYLAND-	CERTIFICATE OF	DEATH (17700)
County Charles	,	(210-777)	1 () ()
Village or City	11.20 -		gistration Dist. No.
	100 (I	ND. f death occurred in a hospital or institution, give	e its NAME instead of street and number)
Length of residence in city or town where death occur	rred yrs mo	S Hew long in U.S. if of foreign	n blrtb?d
2. FULL NAME James	Villian	Lancaster	
(a) Residence: No./		St., Ward.	
PERSONAL AND STATISTICAL F	nalplace of abode)		nonresident give city or town and State
o off			FICATE OF DEATH
Mule near grd	E, MARRIED, WIDOWED, IVORCED ("write the word)	21. DATE OF DEATH	24 1022
5a. If married, widowed or divorced /) //	arried .	(Mont	(Year)
HUSBAND of Cor WIFE of Ella ancast	u	22. IHEREBYCE	RTIFY, That I attended decaased from
5. DATE OF BIRTH (month day and year) Selft 2	1883	, 19	
Dittit (month, day, and year)	ays if LESS than		; death is sai
46 10 2	7 1 day,hrs.	to have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH end re	
8. Trade, profession, or particular	ormin.	were as follows:	Dete of ones
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	laborer	Tractured sku	fl, Cansed
9. Industry or business in which		Theing struck	2 ly am
skind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, Statte SAW MILL, BANK, etc 10. Date deceased last worked et Gully his securation (month and	road	anomyte my	west verdu
10. Date deceased last worked et hely this occupation (month and 1931)	Total time (years) spent in this occupation	martially	ucciaem.
2. BIRTHPLACE (city or town) Charles Co	7 1	Other Contributory Canses of Importance:	20
(State or country)	Maryeans		Mone
1 13. NAME John Lange	1		
	w		
(State or country)	un	G	Date of
			Wes there an eutopsy?
10. MADEN NAME JUSTIN JU	ng	23. If death was due to external causes (VIO	
15. MAIDEN NAME Surah Ita 16. BIRTHPLACE (city or town) (State or country)	mil	Accident, suicide, or homicide?	Date of injury July 24, 19 37
Ell-	1,000,	Where did injury occur? Char	city city or town, county and State)
7. INFDRMANT (Address) Sharry Ttell	a l	Specify whether injury occurred in INDUST	RY, in HOME, or in PUBLIC PLACE.
(Address) Shrung Jfill 8. BURIAL, CREMATION OR REMOVAL	ma,	on Tublic High	way
Place cacred Hopert Date to	4 25 1932	Manner of injury Street of a	Mopuball
11. 10 0	1	Nature of injury tracking	stoule
9. UNDERTAKER Jerry U. atel (Address) La Place	nd	24. Was disease or injury in eny way related	d to occupation of deceased? 200
10. FILED July 25, 1932 Lillian	100000	(Signed) P. H. Ley Per	ch acting Coronors.
	Regispiar.	(Address) P	luta Marca
If more blanks are n	eeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting	U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1632	July 5,1927	Peritonitis	3 days ago
	BURYAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 07701
(1) 000.	(a)
POTATA	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?ds.
2. FULL NAME Jull born for	scly
(a) Residence: No. (Usual place of abode)	St) Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Stuy born 193 2-
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I atlended deceased from
0 . 2 / 10	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) July 219 1932	I last saw h; death is seld
7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the deta stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	no physician in allendars
	Tustours 1
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Tourself ugo meageness
10. Date deceased last worked at this occupation (month end spant in this	of morning.
yaar) occupation	Oh. C. all.
12. BIRTHPLACE (city or town)(State or country)	Other Contributory Causes of Importance:
II 13. NAME Gugene Langlia	
13. NAME (engly Langly 14. BIRTHPLACE (city or town). Charles (b) (md	No. of a second second
(State or country)	Neme of operation
I 15. MAIDEN NAME Ywyneth Robers	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Guynett Rober 16. BIRTHPLACE (city or town) Charles es	23. If death was due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicida, or homicide?
Stata or country)	Where did injury occur?
17. INFORMANT Current Runchy (Address) HallPlana Tond	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace all Home Date July 3 1932	Nature of injury
19. UNDERTAKER En one danchy father (Address) Lu Dlata Mary	24. Was disease or injury in any way ralated to occupetion of deceased?
20. FILED July 21, 1932 Sille an Posey	(Signed) d'Allain VI ocay Pef. M. D. (Address) La Plata Mag.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County 10 harles	Registration Dist. No. 105
Village or City Taldard	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME - July	2
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWSD, OR DYVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Carry July 1	22. I HEREBY CERTIFY. That I ettended deceased from 1922 to July 7, 1932
6. DATE OF BIRTH (month, day, and year) If M 2 7. AGE Years Months Days If LESS then 1 dey, hrs. or min.	to have occurred on the date stated above, at // 3 2 m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceemed last worked at this occupation (month and) 10. 11. Total time (years)	
10. Date decessed last worked at this occupation (month and page 11. Total time (years) spent In this 40 occupation.	
12. BIRTHPLACE (city or town) Charles County	Other Contributary Causes of importance:
13. NAME A STATE OF TOWN) LA BIRTHPLACE (city or town) La Caracter Control of	
14. BIRTHPLACE (city or town) Charles County	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Control of 16. BIRTHPLACE (city or town)	23. If death was dua to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Livey & Lyler (Address) Ar Aldred (Address)	Whera did injury occur?
18. BURIAL, CREMATION, OR BEMOVAL Place It Oslers Church Date Puly 12 1932	Menner of Injury
19. UNDERTAKER (Address)	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILEOULY 11, 1937 M- G. Mours.	(Signed) M, D. (Address) M A
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

E A JAG CO

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	BUR
county Charles	Registration Dist. No.
Village or City Tull come me	NoSt., Ward
()f Length of resideoce in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. Hew long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME Jane Marie Mong	an
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tende white OR DIVORCED (write the word)	July 32 , 1932
5a. If married, widowad, or divorcad HU3BAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERVIFY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) Than 27 m /432	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) / 19 22 7. AGE Years Months Days If LESS than	i last saw h; death is said to have occurred on the date stated above, atm.
2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8. Trade, profession, or particular	were as follows: Detectonset
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	200 Physicalar in allendare.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Pert hom I description gives
SAW MILL, BANK, atc	Produably Cerebral Hemorhage
this occupation (month and year)	Forceps delivery/ First hild.
Made d C. ma-	Other Contributory Causes of Importance: Causer.
12. BIRTHPLACE (city or town) / Turber (State or country)	
# 13. NAME Robert E. L. morgan	
14. BIRTHPLACE (city or town) ann armale co	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Mary Louise Eichel bergha	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many Louise Eichel berger	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Whara did Injury occur?
17. INFORMANT J. H. Margan	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Will come	••••••••••••••••••••••
18. BURIAL, CREMATION, OR REMOVAL Place Land home Date Why 4 1932	Manner of injury
Place D tome Date VILLY 4, 19 172	Nature of Injury
19. UNDERTAKER Alwey a play	24. Was disease or injury in any way related to occupation of deceasad?
(Addrass)	If so, specify Pos
20. FILED July 3, 1932 & illein Nory	(Signad) A State M. D. (Addrass) A Place M. D.
	CALLI N. Charles Street, Baltimore, Requesting 91, S. No.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Informant)

15

(Addres

BINDING

MARGIN RESERVED

PLACE OF DEATH County Village or ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED 3 SEX OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than day.....hrs.yrs......mos...... OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE RENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

TRUE TO THE BEST OF MY KNOWLEDGE

Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

110

20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

Registration Dist. No. 10 >

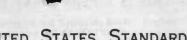
St.; Wa	ard) (If death occurred in
	a hospital or institution, give its NAME in
1/	stead of street and
	Mumper.)

ADDRESS

	II TOATE	DEATH	
16 DATE OF DEATH	ly	18	52
	(Month)	(Day)	192 (Year)
17 I HEREBY CERTIFY.	. /	1- 0/	
ma 1. 2	76 Sz	.01.15	, 192
that I jast saw h anva o	1/0	de 18	192
		1/	
and that death occurred on the	data statad	above, at	
The CAUSE OF DEATH N was	as follows:		
()		***************************************	000000000000000000000000000000000000000
Terresy			
***************************************			****************
(C	uration)	.yrs	08-17 d
Contributory	Re	yes!	less
	uration)	уга.	108 d
(Signed)	0	200	M. I
(Address	Teal	del	1
*State the Disease Cause Violent Causes, state (1) Me	sing Death,	or, in death	s from
Accidental, Suicidal or Hom	eidal,	y, and (2)	whether
	(For Hospite	als, Instituti	ons, Trans
lents, or Recent Residents)			
At place of death yrs mos da,	In the State, .	yrs	mos de
Where was disease contracted, if not at place of death?	00000000000000000000000000000000000000		0a= 1984++++++++++
Former or usual residence			
19 PLACE OF BURIAL OR RE	MOVAL !	TE OF B	URIAL
	0	110	-

MEDICAL CERTIFICATE OF DEATH

S. No. 1



(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter. Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary firemen, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, uot gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged iu domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from husiness, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition." "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknes:," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septieacmia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by earbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may he stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. should state OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

See instructions on back of certificate.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

20. FILEO ...

mation should be carefully supplied.

-WRITE PLAINLY,

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AGE should be

Jo

	MARYLAND-	CERTIFICATE OF DEATH 07705
1. PLACE OF DEATH	The state of the s	(88)
County Market	,	Registration Dist. No. 168
Village or City	elur	No. St. Ward
	(If	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	th occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ralla	he Touster	ueton.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH //4/3 2/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	C	22. I HEREBY CERTIFY, That I attended deceased from
C DAME OF BIRTH (month day and year)	1,120	I last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
3 1/	1 day,hrs.	
	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which		Idla mor asynd rues
		Child In pluguetar
work was done, as SILK MILL,		Ald from Consolled
SAW MILL, BANK, etc	11. Total time (years)	P. A. P. L.
this occupation (month and year)	spent in this	he deed from acute mayer
12. BIRTHPLACE (city or town)	Edlin Und	Other Contributory Canada of Importance: Fire
(State or country) Column	oce my	
13. NAME / Madeus To	astringtun	
14. BIRTHPLACE (city or town) (State or country)	and true	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME PLANISHER	er House,	23. If death was due to external causes (VIOLENCE) fill in elso the following:
		Accident, suicide, or homicide?
State or country		
17. INFORMANT Suddiess)	washington	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	in uga	
Place Walderf Mu	loate foly 6-, 1932	Menner of Injury
19. UNDERTAKER A. L. Dour	inas	24. Was disease or injury in eny wey releted to occupation of deceesed?
(Address) A Carlotte	201 71111	If so engrifu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TREAD V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH

Marley

1 PLACE OF DEATH

County	CERTIFICATE OF DEATH
The last	Registration Dist. No. 105
Village or City Alle (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mith Single, Single WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) , 1	IT I HEREBY CERTIFY, That I attended deceased from ,191, te
(Month) (Day) (Y AGE AGE AGE AGE AGE AGE AGE AG	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Socondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed)
(State or country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information)	et deeth yre mes de State, yre mes de State, yre de Mare wee dieease controcted, if not at place of death?
(Address) If alkery mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Clarke	and_
20 UNDERTAKER	- 1

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Deguesting V. S. No. 1.

REGISTRAR

should be stated EXACTLY. PHYSICIANS

See instructions on

important.

ormation SE OF DE

should state C

RECORD

PERMANENT

FOR

RESERVE

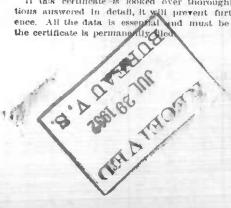
[Approved by U. S. Census and American Public Health Association.

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that faet may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death-Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICHDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenelature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before



V. S. No. 1 m,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07707
1. PLACE OF DEATH	
County Charles Co.	Registration Dist. No. 108
Village Dr City Du Bous	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Maryorde Wood	laud'
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temal. Col. OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	22. d HEREBY CERTIFY. Thet attended decensed from
(or) WIFE of	July 10 1 18 - 10 July 28 193 2
6. DATE OF BIRTH (month, day, end year) 1923 - June .	I last sew II alive on July 24 19 3 4; death is said
7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stetad above, atm.
7- M 100),min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEFPER, etc.	9
	Jord Jones July 10/9"
SAW MILL, BANK, atc	
yeer) occupation	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Much	
13. NAME Suredy Woodland 14. BIRTHPLACE (city or town) & hale Co	
(State or country)	Nama of operation
œl	Whet tast confirmed diagnosis?
5 171	23. If daeth was due to external causes (VIDLENCE) fill in also tha following: Accidant, suicide, or homicida?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Harry S. Wood land.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Syn Cu Gran Ch. Deta My 3.1., 193.2	Natura of Injury
19. UNDERTAKER A But and duade.	24. Was disease or injury in any way related to occupation of daceasad?
(Addrass) Augher ville	If so, spacify
20. FILED 7, 19 (our Chaffelar Registrar	(Signed) A Win f OT arou M. D. (Address) A Call of Ca
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	A. A	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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